

INFORMATION & INSTRUCTIONS FOR FILING - TRAVEL AGENCY REGISTRATION

Access this form via website at: www.hawaii.gov/dcca/pvl

Each travel agency must be registered before engaging in the business of selling or advertising to sell travel services.

Branch offices that deposit consumers payments for travel services into the same client trust account as the principal office need not register separately. However all branch office locations must be reported. A branch office which maintains a separate client trust account from the principal office is required to be registered separately.

"Travel agency" means any sole proprietorship, organization, trust, group, association, partnership, corporation, society, or combination of such, which for compensation or other consideration, acts or attempts to act as an intermediary between a person seeking to purchase travel services and any person seeking to sell travel services.

"Travel services" includes transportation by air, sea, or rail; related ground transportation; hotel accommodations; or package tours whether offered on a wholesale or retail basis. This does not apply to any hotel as defined under section 486K-1, HRS or air carrier as defined by the Federal Aviation Act of 1958 (49 USCS Appx. chapter 1301) as amended, for travel services for which the hotel or air carrier does not accept:

1. Consumer moneys for services other than their own; or
2. Commissions or any other form for consideration.

If you engage in the business of selling, contracting for, arranging, or advertising that it can or will arrange, activities which are furnished by an activity provider, you will require a separate Activity Desk registration.

APPLICATION FORM Complete the attached form using a typewriter or print **legibly** in black ink. Answer all questions and sign the application form.

FEES Attach the appropriate fees (Make check payable to: **COMMERCE & CONSUMER AFFAIRS**).

Travel Agency applying for registration in an even-numbered year, pay \$140
(Application - \$20* + Registration - \$40 + 2nd year of two-year
registration period - \$10 + Compliance Resolution Fund - \$70)

Travel Agency applying for registration in an odd-numbered year, pay \$95
(Application - \$20* + Registration - \$40 + Compliance Resolution Fund - \$35)

All registrations are subject to renewal on or before December 31 of each ODD-NUMBERED year.

**Application fee is not refundable.*

Note: *One of the numerous legal requirements that you must meet in order for your new registration to issue is the payment of fees as set forth in this application. You may be sent a registration certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required registration fee and your registration will not be valid, and you **may not** do business under that registration. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the registration you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a registration has been denied.

ENTITY REGISTRATION: Corporation/ Partnership, LLC or LLP

If the applicant for a travel agency is a corporation, partnership, LLC or LLP, we will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Dept. of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu HI 96810.

Please write to them for the proper forms, call (808) 586-2727, or visit their website at: www.businessregistrations.com/home.html to order Certificate of Good Standing, forms, etc.

- If the entity has been registered in this State for LESS THAN ONE (1) YEAR, **ATTACH** a "filed-stamped" copy of the document filed with BREG; or the same certificate mentioned below.
- If the entity has been registered in this State for MORE THAN ONE (1) YEAR, **ATTACH** a current "Certificate of Good Standing" or "Certificate of Qualification."

TRADE NAME	If applicant will be using a trade name, <u>attach</u> a current "filed-stamped" copy of the "Application for Registration of Trade Name" approved and issued by the Business Registration Division. If application is submitted without the trade name registration, registration will be issued without the trade name.	
BRANCH OFFICE	<p>All travel agency branch offices must be registered prior to their engaging in any travel agency services.</p> <ul style="list-style-type: none"> • If a branch office deposits consumer funds in the same client trust account as the principal office, then the branch office does not have to obtain its own travel agency registration. • If the branch office does not deposit consumer funds into the same client trust account as the principal office then the branch office will have to obtain its own travel agency registration. 	
CLIENT TRUST ACCOUNT	<p>All travel agencies are required to submit evidence of the establishment of a client trust account (which may be either a checking or savings account) with a federally insured financial institution located in Hawaii. This evidence may take the form of:</p> <p>An <u>original</u> letter from the financial institution with the following information:</p> <ul style="list-style-type: none"> • Name and address of the financial institution; • Name on the account (must be identical to the name on the travel agency registration application); • "Client Trust Account" designation; • When the account was established; and • Account number. <p>Or</p> <p>A copy of a blank, void check, which bears the name and address of the financial institution, the name of the travel agency, the account number, <u>and identifies the account as a client trust account</u>. (MUST BE BANK IMPRINTED)</p> <p>A REGISTRATION WILL <u>NOT</u> BE ISSUED AND WILL BE WITHHELD OR RETURNED IF AN APPLICANT FAILS TO PROVIDE THE INFORMATION IN SUCH FORM AND SUBSTANCE.</p> <p>NOTE: If you have both a Travel Agency registration and an Activity Desk registration, you must establish and maintain a separate Client Trust Account for each registration.</p>	
SUBMITTING REGISTRATION	Mail all required items to:	Deliver to office location at:
	Travel Agency Program DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801	or 335 Merchant St., Room 301 Honolulu, HI 96813 Phone: (808) 586-3000
BIENNIAL RENEWAL	All registrations, regardless of issuance date, <u>expire on December 31 of each ODD-NUMBERED year</u> and are subject to renewal on or before the expiration date. Renewal applications and the notarized statement form are mailed to current registrations about 6 weeks prior to the expiration date. To ensure receipt of the renewal application, keep our office informed of your address. Notarized statements must be filed to renew registration.	
LAWS AND RULES	<p>To obtain a copy of the laws, Chapter 468L, HRS, and rules, Chapter 116, HAR, send a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.</p> <p>The laws and rules are also available on our website at www.hawaii.gov/dcca/pvl. Click on "Travel Agency".</p>	

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR REGISTRATION - TRAVEL AGENCY

Read the attached "Information & Instructions" before completing this form.

Name of Applicant (Sole owner: First-Middle-Last; or give name of corporation, partnership, LLC or LLP):

Trade Name, if any: (Attach trade name registration)

Business Location (Include suite no. city, state & zip code):

Mailing Address, ONLY if different from business location:

Client Trust Account established at:

Financial Institution:

Account no.

Check evidence of Client Trust Account you are submitting:

☐

Original bank letter.

☐

Copy of check

FOR OFFICE USE ONLY

Approved:

Initials/date

Date Registered

Reg. No.

TAR -

Circle Type of business entity:

SOLE OWNER CORPORATION PARTNERSHIP
LLC LLP

Social Security No. (Sole Owner)

Business Phone No. (days)

Name		Social Security No.	Residence Phone No.	Residence Address (Include apt. no. & zip code)
Residence address	Sole Owner			
	President, Partner, Member or Manager			
	Vice-Pres., Partner, Member or Manager			
	Secretary, Partner, Member or Manager			
	Treasurer, Partner, Member or Manager			

The following questions pertain to the applicant and any persons, officers, directors, managements, partners, etc., responsible for the travel agency. Circle or underline answers. Give details when required and attach documentation.

- Are you at least 18 years of age? YES NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- Have you ever used any other name(s) YES NO
If so, what names(s)?
- Have you ever held a Travel Agency registration? YES NO
(Type/Lic No: _____ Status: _____ State: _____)
- Have you ever held any other license/registration? YES NO
(Type/Lic No: _____ Status: _____ State: _____)
- Have you ever had any license/registration suspended, revoked, or otherwise subject to disciplinary action? YES NO
- Have you ever been employed by any business whose license/registration was suspended, revoked or otherwise subject to investigation? YES NO
- Have you ever had or are there any pending lawsuits, judgments, tax liens, or any other liens against you? YES NO
- In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
If yes, attach court documentation on the date, place, violation of each conviction and fulfillment of conditions.
(If response is "yes", to questions 6, 7, 8, or 9, provide details on separate sheet and submit pertinent documents.)

Affidavit of Applicant:

I hereby certify that the answers and statements contained in this application are true and correct. I understand that any false statement or misrepresentation is grounds for refusal or subsequent revocation of my registration and is a crime subjecting me to fine and imprisonment under Section 710-1017, Hawaii Revised Statutes. I further certify that I have read, understand, and shall obey all laws pertaining to the Travel Agency program.

Date

Signature of Applicant

Title

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Appln 640 \$20
Reg 640 \$40
CRF 647 \$35/\$70
½ Renewal 643 \$10
Service Fee BCF \$15